

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1888

State File No.

BIRTH NO.		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>5836</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BURR</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BURR</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEEDS HOT WTR</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FRANCES</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>SIMPSON</u>	
4. DATE OF DEATH		(Month) <u>JAN</u>		(Day) <u>9</u>		(Year) <u>1960</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>March 7, 1865</u>		9. AGE (In years last birthday) <u>84</u> <u>10</u> <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>FT. Scott Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Matthews</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pickett</u>		ADDRESS <u>Roughly near by</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>				Bed ridden for years			
DUE TO (c) <u>senility</u>				331X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1, 1948</u> , to <u>Jan 9, 1950</u> , that I last saw the deceased alive on <u>Sept 21, 1948</u> , and that death occurred at <u>1:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. L. Lawson</u> (Degree or title)				23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>1/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR FT. SCOTT Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Jan 11 1950</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Borremann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Carley</u>		ADDRESS <u>Neosho</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

730
1

0730
0

RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number 150-21
Date Filed JAN 24 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Newark, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.